

WELCOME TO THE TOPS 2006/07 SEASON! We are delighted that you have decided to join the 8th Grade Teen Options (TOPS). Sponsored by the Darien Youth Commission, endorsed by Middlesex Middle School, and made possible through the generous involvement of the TOPS Board and so many volunteers, TOPS continues its commitment to offer fun and safe, drug-free and alcohol-free activities for public and private school students who live in Darien.

MEMBERSHIP INFORMATION

Registration for TOPS membership is free. Fees are charged for each event, however, to cover the function costs. The attached membership form contains important information for your child's safety, and must be **FULLY** completed for your child to be registered in the TOPS program. No child may attend TOPS events without a fully completed membership form on file.

PAYMENT OPTIONS

PRE-PAYMENT

Students may opt to pay an up-front fee of \$40, which will cover entrance to currently scheduled TOPS events. (This fee is non-refundable.) Simply complete the membership form, check-off advance payment, and include a check for \$35 payable to: TOWN OF DARIEN. To prepay, **MEMBERSHIP FORM MUST BE RETURNED TO THE YOUTH COMMISSION OFFICE, 2 RENSRAW RD., DARIEN. DO NOT RETURN THIS TYPE OF REGISTRATION TO THE SCHOOL.**

PAY-AS-YOU-GO

SIMPLY FULLY COMPLETE, SIGN AND RETURN REGISTRATION FORM. STUDENTS THEN PAY AT THE DOOR PER EVENT. THESE MEMBERSHIP FORMS MAY BE RETURNED TO THE MESSAGE CENTER AT MIDDLESEX SCHOOL DURING THE FIRST TWO WEEKS OF SCHOOL OR TO THE YOUTH COMMISSION AT 2 RENSRAW RD., DARIEN. (After the first two weeks of school, or for private school students, forms should be returned to the Darien Youth Commission at Town Hall.)

TOPS RULES

As a reminder, TOPS events are put together to offer fun and safe activities for students. It is the TOPS Board's position to be certain that appropriate levels of behavior be respected at all times. Inappropriate behavior will not be tolerated.

1. Functions are open to 8th Grade TOPS members only. TOPS members may **NOT** bring guests.
2. Use of drugs, alcohol and/or tobacco prior to and/or during TOPS events is prohibited.
3. No student may leave a function until it is over.
4. No piggyback & shoulder rides, roughhousing, climbing on bleachers, pushing, punching, or tripping.
5. Inappropriate behavior of any kind, such as sexually promiscuous dancing and/or "moshing," and disrespecting other individuals is unacceptable and may result in the removal from the TOPS program.
6. Students are responsible for any damages they cause.
7. Refreshments remain in any designated areas. No refreshments may be brought to the functions.
8. Students must be picked up at the end of all functions. **STUDENTS MAY NOT LEAVE ON FOOT OR BY BICYCLE.**
9. Students may not wear hats to dances in the gymnasium. Clothing with offensive languages, messages or substance-related advertising is unacceptable. At the discretion of Youth Commission staff, TOPS members may be barred entry due to inappropriate clothing.
10. In order to ensure the safety of all TOPS members, it is forbidden to bring any sort of weapon or dangerous object to any TOPS event

DISCIPLINARY ACTION

1. USE AND/OR POSSESSION OF DRUGS, ALCOHOL AND/OR TOBACCO AND/OR POSSESSION OF A WEAPON OR DANGEROUS OBJECT WILL RESULT IN THE IMMEDIATE REMOVAL FROM TOPS. Parents will be called; the student will be sent home & be disallowed from attending future TOPS events.
2. At the discretion of TOPS Coordinators and Youth Commission Staff, depending on the severity of the infraction, offending students may be asked to sit out, be sent home, and/or not be eligible to participate in future events.

PARENT RESPONSIBILITIES

1. Functions begin and end promptly at the designated times. Please note times vary according to nature of the activity. **NO EARLY ARRIVALS AND LATE PICK-UPS ARE PERMITTED.** Students are not allowed into a function early. Please arrange to have transportation for your children after each function. STUDENTS MAY NOT LEAVE A FUNCTION BEFORE IT IS OVER AND WILL NOT BE ALLOWED TO LEAVE ON FOOT OR BICYCLE. Students who are repeatedly picked up late may be disallowed from attending future TOPS events.
2. Parents or emergency contact must be reachable during each TOPS event. This information is critical should we need to contact an adult at any time during an event for any reason.
3. TOPS relies heavily on parent volunteers in a variety of capacities (decorating, chaperoning, clean-up, etc.). We cannot host these events without your help. **PLEASE VOLUNTEER.**

PROGRAM DATES

(Please note: Dates & times are subject to change and on rare occasion, events may be cancelled due to weather. Please consult MPN, newspapers or Darien Town Website for changes.)

September 22	BEACH PARTY \$10.00	6:30 – 8:00	Weed Beach
November 3	Oldies Night \$5.00	7:30 – 9:00	Town Hall Gym
(pls note: no school Tuesday) Film -- TBA			
December 1	MISTLETOE MAGIC \$5.00	7:00 – 9:00	Town Hall Gym
February 9	VALENTINE'S DANCE \$6.00	7:30 – 9:00	Town Hall Gym
March 15	ICE SKATING PARTY \$6.00	7:30 – 9:00	Twin Rinks
(pls note: no school on Friday)			
May11	HINDLEY FAIR NIGHT \$10.00	7:30 – 9:00	Stamford Hindley School

TOPS COORDINATORS

TOPS COORDINATORS

Barbara Andrianus – 656-2072
Cyndy Ashburne – 978-1370
Jen Fitzpatrick – 325-8344

YOUTH DIRECTOR

Alicia Sillars – 656-7326

DARIEN YOUTH COMMISSION
TOPS 8th GRADE MEMBERSHIP FORM
2006/07

PAYMENT OPTION: (Please check one)

☐ Advance Payment -- \$40.00 payable to Town of Darien (send to DYC—2 Renshaw Rd.)

☐ Pay per event (form to be dropped at MMS or sent to DYC – 2 Renshaw Rd.)

NAME _____ **M/F** _____

ADDRESS _____ **PHONE** _____

DOB _____ **GRADE** _____ **TEAM** _____

SCHOOL _____

PARENTS' NAME & PHONE _____ **CELL PHONE** _____

PARENT E-MAIL _____

EMERGENCY NAME & PHONE NUMBERS (Person who is available during TOPS events)

1. _____

2. _____

MEDICAL RELEASE & WAIVER

1. I grant permission for _____ to participate in all TOPS (Teen Options) programming sponsored by the Darien Youth Commission.
2. Please list any allergies and/or medical conditions your child has of which we should be aware.

3. Physician's Name & Telephone #: _____
4. Dentist's Name & Telephone #: _____
5. Hospital Preference _____
6. In the event of injury or illness of _____ and that I or another parent, guardian or emergency contact cannot be contacted by reasonable & expeditious means, I hereby consent for _____ to be administered any emergency medical treatment necessary by a licensed medical professional or facility.
7. I (we) agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's TOPS programs.

Signature of Parent _____

Date _____

Parents: Your participation is essential to the success of the TOPS program. Please indicate which event(s) you are interested in helping with and/or chaperoning. Someone will contact you at a later date regarding your preferences.
